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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000093199** (4)

LEVIE FUNDING, INC.

Principal Place of Business Mailing Address

FILED
Mar 23 1998 8:00am
Secretary of State



217 N. WESTMONTE DRIVE 217 N. WESTMONTE DRIVE **SUITE 3025 SUITE 3025 ALTAMONTE SPRINGS FL 32714** ALTAMONTE SPRINGS FL 32714 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u> 12/07/1995</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3349572 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes \square No. 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name LEVIE, NANCY M 217 N. WESTMONTE DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 3025 83 ALTAMONTE SPRINGS FL 32714 City 84 85 Zip Cod€ 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. **SIGNATURE** Signature, typod or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13 TITLE **DPST** ☐ DELETE 1.1 TITLE Change Addition LEVIE. NANCY M NAME 1.2 NAME 217 N. WESTMONTE DRIVE, #3025 STREET ADDRESS 1.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE Change 2.1 TITLE Addition NAME LEVIE, HOWARD N 2.2 NAME STREET ADDRESS 217 N. WESTMONTE DRIVE, #3025 2.3 STREET ADDRESS ALTAMONTE SPRINGS FL 32714 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Addition TITLE 3.1 TITLE Change LEVIE, JAMES C NAME 3.2 NAME 217 NW ESTMONTE DR. #3025 STREET ADDRESS 3.3 STREET ADDRESS ALTAMONTE SPRINGS FL CITY-ST-ZIP 3 4. CITY-ST-ZIP DELETE TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE \_\_\_ Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY+ST-ZIP DELETE TITLE 6.1 TITLE Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I arn an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CIGNATURE.

ALL NANCY M. LEVIE DAS

3/18/98 407-682-5400